

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029723

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 328

Primary Registration District No. 3078

Registrar's No. 39

FILED AUG 14 1962

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KELSO TWP.

Length of stay in 1b
2 or 3 min.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONHwy. 77
IN AMBULANCE ENROUTE to Hosp.Inside Limits
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Missouri

b. COUNTY

SCOTT

c. CITY
OR TOWN

CHAFFEE

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
111 SCHOOL ST.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ORAL

(NAN)

WHITAKER

4. DATE
OF DEATH

Month

Day

Year

AUGUST 3, 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 5, 1883

9. AGE (last birthday)

78

IF UNDER 1 YEAR
Months Days Hours Min.

8 28

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

(RET.) MILLRIGHT IN SHOPS

10b. KIND OF BUSINESS OR INDUSTRY

FRISCO RLY. CO.

11. BIRTHPLACE (City and state or country)

GREENBRIER MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN WHITAKER

13b. MOTHER'S MAIDEN NAME

CALLIE BRINDLE

14. NAME OF HUSBAND OR WIFE

EFFIE JANE WHITAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs. ORAL WHITAKER - CHAFFEE, MO.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH

34 hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour a.m. Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3 Aug 62 to 3 Aug 62 and last saw him alive on 3 Aug 62
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
R. E. Trumble M.D.

22b. ADDRESS

Chaffee Mo

22c. DATE SIGNED

5 Aug 62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

AUG. 6, 1962

23c. NAME OF CEMETERY OR CREMATORY

UNION PARK CEMETERY

23d. LOCATION (City, town, or county)

CHAFFEE, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

Bispinghoff Funeral Home - CHAFFEE, MO.

25. DATE RECD. BY LOCAL REG.

Aug 7-62

26. REGISTRAR'S SIGNATURE

Mrs Fred Bispinghoff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

AUG 15 1962

SEP 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.